

# A Call for System Overhaul

Combat Exposure and Sexual Trauma Affecting Female Veterans and Service Members

December 2009

## Current Issues

**D**ating back to the Civil War women have played an integral part when our nation has chosen to take up arms. There were 7,500 women who served in Vietnam and almost 41,000 deployed women during the Gulf War. The total number of women who have served in the Iraq and Afghanistan theaters is more than double Operation Desert Storm and Vietnam combined. More than 182,000 women have deployed to the current conflicts in Iraq and Afghanistan, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), respectively. The Pentagon reports that more than 100 female service members have died and close to 600 have been wounded. Nearly half of all active duty women (including reservists) have deployed to the current conflicts since 2001. Furthermore, approximately 40% of active duty women have children, with single mothers comprising 11% of the female force (The Joint Economic Committee). The sheer numbers of female service members along with their dual roles both in combat zones and at home demand a closer look into the gaps in services and specifically the damage of Military Sexual Trauma (MST).

## Physical and Psychological Injuries

Female service members are reporting medical problems in addition to psychological injury as a result of deployment. Contributors to other health concerns are: carrying heavy loads, climate conditions, lack of adequate personal hygiene and the many risk factors for Traumatic Brain Injury (TBI). The VA found 29% of evaluated women veterans returned with genital or urinary system problems, 33% had digestive illnesses and 42% had back troubles, arthritis and other muscular ailments (AP). In the deployed environment and upon return, women service members often remained silent about their injuries both mental and physical. Whether as an effort to "prove themselves" to their comrades or by belittling their needs in comparison to their families', women may not even seek the care they deserve and need.

Psychological wounds are a serious health concern for both active duty and women veterans. Recently separated female veterans that served in Iraq and Afghanistan are screening positive for mental disorders, with numbers as high as 8,000 out of roughly 24,000 in a four-year period. Of the new veterans treated for Post Traumatic Stress Disorder (PTSD) by the VA in 2006, roughly 3,800 out of 27,000 were women. Combat zones and military service carry various risk factors for developing PTSD. Sexual assault and harassment have been documented in the Armed Forces since 1988, and have been directly correlated to the development of PTSD and various other mental health concerns such as anxiety, depression, and substance abuse. The combination of sexual assault and combat exposure greatly heighten the psychological injuries in OIF/OEF female veterans.

*"We're much more willing to acknowledge what guys do in combat – both the negative and heroic...but as a culture, we're not willing to do that for women."*

*~Erin Solano*



*Vets Helping Vets  
Since 1974*

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## Stresses of Combat and Sexual Trauma

Women in the U.S. Military face sexual assault and harassment both during wartime service and on military bases stateside. Sexual assault and harassment in a military setting are collectively called Military Sexual Trauma (MST). The perpetrator may be a member of the Armed Forces or an intimate partner. MST survivors, both women and men, are discouraged from reporting incidents due to existing stigmas and potential loss of their careers. The seriousness of MST is becoming even graver as investigations into wrongful deaths and suicide that coincide with sexual assaults are surfacing, especially in combat zones. As troops are unofficially integrated within their job duties, women have been added to the numbers of combat troops. The addition of combat stress to the risks for sexual trauma exacerbate the likelihood of U.S. servicewomen returning with PTSD or other mental health concerns.

Professor Kingsley Browne has written extensively regarding the serious gender issues our government must now face due to its modern warfare choices, "The military has consistently glossed over problems and denied them; denied access to information that could reveal problems...to a large extent it is in nobody's larger interest to reveal that information." The collective denial of the Army as to the extent women are in combat and our nation's painful ubiquitous oversight to military sexual trauma has compounded into a very deadly cocktail. The actual reported or investigated cases of unsubstantiated deaths and suicides of female service members following sexual assault is evidence of an ongoing epidemic. The fact that pregnant women Marines are being buried in fellow Marines back yards and women in theater are being assaulted, murdered, and burned in their tents is a travesty our nation is as yet unwilling to address.

In addition to female service members suffering sexual assault, the effects of combat are not being properly acknowledged, as women are not technically in combat roles. The lack of job title change does not alter the fact the female water treatment specialists and supply clerks are being mortared on bases or accompanying male teams on clearing missions in a battlefield that is anything but linear. Writing for *The American Conservative*, Kelley Beaucar Vlahos comments, "If this and future administrations want to continue waging protracted asymmetrical wars with multiple fronts, wars in which everyone – not just combat troops and Marines – has to be on-point, the negative consequences of shock integration will have to be acknowledged and addressed." Shock integration is the unplanned gender integration of the U.S. Armed Forces. With over 10% of active duty military now being women, it stands to reason that more women will also be deployed. As women step-up to serve their country they are being thrown into a situation that was not planned for their safety due to the necessity of more troops.

In contrast to the current integration of troops in Iraq and Afghanistan, Captain Adam N. Wojack of the U.S. Army wrote an article titled, "Integrating Women into the Infantry," in 2002, which thoroughly laid out a plan in light of the changing military demographic. Captain Wojack argues that, "Given the contemporary operating environment, women are in close proximity to combat regardless of where they are on the battlefield, so they might as well be allowed to fight offensively." His article goes on to examine the various societal and military concerns for integration as well as examines an historical perspective. His findings point out that women not only have to "prove themselves" in the present, but also must overcome the stigma built against them over generations. Captain Wojack concludes that a high enough percentage of women in a unit or class will translate their status from gender-based to that of individual achievement. His theory is that women troops could be treated as equals while serving their country. The larger the percentage of females would lead to greater equality.

## Military Sexual Trauma Exposed

Sexual assault is defined by Dr. Amy Street and Dr. Jane Stafford as, "Any sort of sexual activity between at least two people in which one of the people is involved against his or her will. Physical force may or may not be used. The sexual activity involved can include: unwanted touching, grabbing, oral sex, anal sex, sexual

*“The fact is, if a woman veteran comes in from Iraq who’s been in a combat situation and has also been raped, there are very few clinicians in the VA who have been trained to treat her specific needs.*

*~Thomas Berger  
Vietnam Veterans  
of America*

penetration with an object, and/or sexual intercourse.” Sexual harassment can be gender specific verbal harassment, unwanted attention of a sexual nature, and coercion.

The National Center on Domestic and Sexual Violence documents that only 16% of rapes are ever reported. This statistic enforces the assumption that like the civilian world, the amount of reported assaults in the Armed Forces may not be entirely accurate. The negative stigmas and effects on one’s career taint the collection of data the DoD receives. Women are not going to necessarily report sexual assault or harassment if they perceive that their careers may end, they may be in danger, or that the well-liked perpetrator will be believed.

The DoD has issued annual reports on sexual assault in the military for approximately five years. The preliminary reports of sexual assault and harassment in Iraq and Afghanistan prompted former Defense Secretary, Donald Rumsfeld to order a task force to investigate the claims in 2004. A section of the report now specifically focuses on Iraq and Afghanistan. For calendar year (CY) 06 and fiscal year (FY) 07, there were 206 and 174 (respectively) documented cases of military sexual trauma in the Central Command Region of Iraq, Afghanistan, and Kuwait. Conversely, the private Miles Foundation received 976 reports of sexual assault and harassment in the same region since they began documenting GWOT cases in 2002. Their research has shown an increase of 10% to 15% each quarter. The gravity of MST in deployed regions may be far more serious than initial DoD reports and escalating.

Accurate analysis between DoD reports of sexual assaults in the Armed Services is nearly impossible. The documented cases have been monitored on two alternating systems, either calendar year (CY) or fiscal year (FY). This leads to unavoidable overlap. The FY07 DoD report states, “While previous year reports exist, we cannot make side-by-side comparisons of the current year data to previous year data due to an unavoidable overlap in reporting...the period of data collection changed from calendar year (CY) to fiscal year (FY).” Rudimentary analysis shows almost double the amount of sexual assaults from 2004 to 2006, then a slight decline in 2007. With the release of the FY08 reports, the total number of reported sexual assaults has risen since the FY07 report. The number of reports in the deployed regions of Iraq and Afghanistan is close to half of the previous report. This factor is disconcerting as it conflicts with non-federal reports of the regions. As the amount of MST actually reported is debatable, one can only speculate to the true extent of harassment and assault both stateside and in combat zones.

## Policy Changes

The Department of Veterans Affairs (VA) financed a study revealing one in four women using VA healthcare reported sexual trauma while they were on active duty. Research published in the American Journal of Public Health found that 3% of active duty women and 1% of active duty men are assaulted in the military each year. A 2003 DoD report lists one-third of female veterans had experienced rape or attempted rape while they were in the military. The New York Times reports 37% of the surveyed group was raped multiple times, while 14% were gang-raped. In light of these numbers, the DoD and civilian sectors have made changes.

After Congressional intervention involving a taskforce investigation, the Sexual Assault Prevention and Response program was founded in 2005 along with the option of “restricted reporting” for survivors. Restricted reporting allows the survivor to seek medical attention and confidentially report his or her assault without the military automatically investigating. Individual State laws and rules governing who does the post-assault exam affect whether the victim may utilize restricted reporting. Reported sexual assaults rose by 24% from 2005 to 2006 as per the 2006 DoD report. This rise could be because survivors have the option of confidentially reporting their assault and are therefore coming forward. Regardless of the reporting options, almost 3,000 soldiers reported sexual assault and rape by other soldiers during the calendar year of 2006.

The DoD has specifically addressed sexual assault and harassment by altering the law books the military operates by. Changes have been made effective as of 2007 to the Uniform Code of Military Justice (UCMJ) that further defines rape, harassment, and consent. Changing definitions however, does not necessarily affect procedure. How sexual assault and harassment cases are prevented and handled on base may be a more accurate litmus test to a more proactive response by the Armed Forces. Alterations to the military law books may prove to affect the rates of prosecution of MST, not necessarily the rates of occurrence; yet there is no data insofar as to illustrate changes in policy and practice.

**Sexual Trauma** is unique in a military setting both during peacetime and war for several reasons including the following:

- Survivors of MST commonly live and work with their perpetrators, during and after their trauma.
- Many survivors are dependent on, or report to their perpetrators. This power dynamic makes it difficult to report for fear of retribution. Sexual assault by a superior is commonly called “Command Rape.”
- A survivor, male or female, faces serious stigmas for reporting assault or harassment. They may not be trusted by their counterparts, and are often accused of breaking unit cohesion or are harassed by others for sexual favors.
- A survivor’s military career may be extremely affected when they report harassment and/or assault. The stigmatization that happens after reporting Command Rape and other forms of MST often lowers the possibility of advancement in rank. Survivors may be encouraged to remain silent to keep their career.

## The Emotional Fallout

Beyond laws and statistics, MST carries with it complex emotional fallout. Stephanie Sacks, a clinical director for the Sexual Assault Center of Pierce County writes, “Many still believe that if a woman is sexually assaulted in the military it is at least a little bit her fault because she didn’t really belong there to begin with.” The alienation by fellow male and female service members only adds to the pain and vulnerability caused by the assault or harassment. Compounding on the interpersonal levels of betrayal, survivors of MST also feel alienated by their

command and the government as a whole. The emotional wounds of military sexual trauma coincide with the psychological trauma inflicted. Rape is highest among traumatic events that lead to PTSD, possibly even higher than combat (American Journal of Public Health).

Military Sexual Trauma is not only an under-reported crime, but survivors often do not know about the programs that can help them. Compensation for MST is granted as a service-connected disability. Through Public Law 102-585 survivors are entitled to treatment through the VA for sexual assault and harassment. The Department of Veterans Affairs also has a program called "Disability Compensation for Sexual or Personal Trauma." This particular disability claim is for veterans with PTSD and those who have "lingering physical, emotion, or psychological symptoms" from traumatic events including: rape, physical assault, domestic battering and stalking. The application is titled, "Veterans Application for Compensation or Pension," and the form is VA Form 21-526.

## A Public Health Concern

In response to the decades of reported assaults in the military and Congressional pressure, the DoD has held various Commissions and Task Forces resulting in reports and trainings. There have been at least 20 such Task Forces and Commissions within the last 17 years alone. Christine Hansen of the Miles Foundation comments that, "In all of these recommendations, we have seen very few of them implemented. Our concern is, at what priority level is this?" In 2005, Hansen issued the following warning, "Violence against women choosing to serve in the Armed Forces is a public health concern. Women who are raped or assaulted while on active duty are more likely to report chronic health problems, prescription medication use for emotional problems, failure to complete college, and annual incomes of less than \$25,000." MST is a public health concern and as such, requires more thorough attention and analysis.



Survivors of military sexual trauma lack resources necessary for recovery both while on active duty and as veterans. The Department of Defense (DoD) has made increasing efforts to provide trainings on sexual assault and harassment prevention, as well as creating channels for survivors to report MST. Their efforts backfire; there is no confidentiality awarded to the survivors who give unrestricted reports, leading to negative stigmas, backlash, and quite possibly the termination of the survivor's career. The very nature of military life, including close living quarters of personnel who live and work together, is a unique characteristic of the Armed Services that adds to the systemic lack of privacy in MST

cases for females and males. With the implementation of restricted reporting, there is confidentiality; however, few perpetrators have been held accountable under this program.

Veterans and active duty personnel with MST often seek help from both rape crisis centers and the Veterans Health Administration, most commonly known as the VA hospital. The staff at the VA hospitals are more likely trained in MST or issues surrounding sexual assault and harassment in general. However, there is no guarantee that they have received any cultural competency training on military culture, and how this affects the veteran. In addition, the VA hospital may be an uncomfortable atmosphere for a survivor of sexual assault, as it is highly dominated by male patients. Even with the increase of women veterans into the system, the VA hospital is highly male dominated. A sea of male faces when female veterans are seeking mental health services in particular can only further exacerbate their trauma. Due to these and other factors, survivors of military sexual trauma do need the community.

Private organizations work to help survivors but may or may not be trained in issues specifically facing the female veteran demographic. Community providers such as rape crisis centers, private hospitals and clinics have excellent and diverse care options for trauma survivors. Like the VA hospitals, they too may not be trained in military culture or even in the issues of military sexual trauma. Many community providers are also under the impression that veterans do not need their services because they have the VA hospital. Unfortunately, the need is far greater than the capacity of the VA; some veterans do not want to go to a government facility, and VA programs are often not located in rural communities. The community cannot only provide services, but also a support system for their veteran counterparts. To sensitively address the needs of female veterans, community organizations need cultural competency trainings. The positive effects of these trainings will be evident on both the interpersonal level and as a larger advocacy tool.

Changes need to be made ideologically, in legislation, and daily practice. Active duty female service members need a system of prevention and response that they can rely on. The VA was long ago mandated to have equal healthcare for both genders. Sadly, whether for mental or physical healthcare this is not the case. Individual VA hospitals may provide stellar services, however, services and advocacy are not offered agency-wide. In addition to the care provided at the hospitals and VA clinics, services need to be provided within hours that comply with a veteran who is either working or going to school. Single mother veterans need childcare resources so that they too may access VA medical care. The Veterans Administration is not alone in needing a facelift.

The Department of Defense has made a complete 360 degree turnaround in less than ten years in response and prevention measures regarding sexual assault and other safety issues for female service members. However, what looks good on paper may not be implemented in practice. A greater oversight of DoD policies needs to be established to ensure that the progress the Armed Forces has made is not debilitated. As a society we need to decrease the stigma of both female sexual assault survivors and that of those who have served in the military. Open channels to culturally competent civilian organizations need to be made for both active duty and veterans. Women serve in the military. Women are in combat. Women are raped while serving their country—whether by fellow service members or “the enemy.” We, as a nation, need to recognize our women service members. The oversight of sexual assault and combat exposure is no longer tolerable.

**The following are statistics from a FY07 DoD Report:**

- There were 2,688 reports of sexual assaults for FY07.
- Of the 2,085 unrestricted reports, with service members as either subject or victim, 1,511 (72%) involved service members as victims of alleged sexual assault. 868 (57%) were for alleged rape.
- 705 restricted reports were made by service members with 102 (14%) opting to change to unrestricted reports.
- 1,955 investigations were completed for FY07 involving 2,212 subjects.
- Of the 2,212 subjects, commanders had sufficient evidence of a crime to support taking action on 1,172 (53%) subjects.
- Of the 1,172 subjects 600 (51%) had further action taken as follows: 181 (30%) court-martials, 201 (34%) non-judicial punishments, 218 (36%) administrative actions and discharges, with 572 (49%) pending disposition action.

**The following are statistics from a FY08 DoD Report:**

- There were 2,908 total sexual assault reports in FY08 up 9% from FY07.
- There were 2,265 Unrestricted Reports involving military service members. 1,594 (70%) had military service members as victims. Some reports involved more than one victim resulting in a total of 1,752 service member victims.
- There were 753 Restricted Reports with 15% (110) victims that changed to Unrestricted Reports.
- The military services completed a total of 2,389 criminal investigations with 832 perpetrators punished
- There were 163 reported assaults in Iraq and Afghanistan combined.

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